Please fill the following form.

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Filer Contact Information

Please provide the following contact information so that you may receive the appropriate correspondence regarding the status of your FBAR filing:

Fields marked with an asterisk (*) are required by default unless otherwise stated

* Email Address	
* Confirm Email	
* First Name	
* Last Name	
* Phone Number	

BEFORE YOU BEGIN, PLEASE NOTE THE FOLLOWING:
The online FBAR form does not allow you to save your progress during completion. After submission, a read-only copy of your FBAR will be available for download.

Questions or issues encountered during the FBAR filing process may be directed to the BSA E-Filing Help Desk at 1-866-346-9478 or via email at BSAEFilingHelp@fincen.gov. The Help Desk is available Monday through Friday from 8 a.m. to 6 p.m EST. Please note that the Help Desk is closed on Federal holidays.

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Report of Foreign Bank and Financial Accounts

Version Number: 1.0

FinCEN Form 114 OMB No. 1506-0009

The deadline to file the Report of Foreign Bank and Financial Accounts (FBAR) to FinCEN coincides with the current IRS tax season filing deadline for annual tax returns.

Filing Instructions

1. Complete the FBAR. Complete the form in its entirety with all requested or required data known to the filer. For detailed information regarding the completion of your FBAR, please refer to User Quick Links at https://bsaefiling.fincen.treas.gov/NoRegFBARFiler.html
2. Sign the completed FBAR. Click 'Sign the Form' (at the bottom of this page) once the FBAR is complete.
3. Submit the signed FBAR. Click 'Submit' (at the bottom of this page) once the FBAR is electronically signed.
4. Retain a copy of your submission. Download a copy (read-only) of your FBAR from your submission confirmation page and retain for record keeping purposes.

* Filing name (e.g. SMITH FBAR 2018)	
If this report is being filed late, select the reason for filing late	

Explanation (750 character limit)

Sign the Form	Remove Signature	AFTER COMPLETING THE FBAR, RETURN TO THIS SECTION TO SIGN AND SUBMIT	Submit

This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 . No report is required if the aggregate value of the accounts did not exceed $10,000.
See help text Instructions for definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on FinCEN 114 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350. The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than $500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24) . The Social Security number will be used as a means to identify the individual who files the report. The estimated average burden associated with this collection of information is 60 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Financial Crimes Enforcement Network, P. O. Box 39, Vienna, VA 22183, Attn: Office of Regulatory Policy.

* 1 This report is for calendar year ended 12/31 [ ] Amended ☐ Prior Report BSA Identifier [ ]

Part I Filer Information

* 2 Type of filer [ ] [ ]

* 3 U.S.Taxpayer Identification Number [ ]

3a TIN type [ ]

4 Foreign identification *(Complete if Item 3 U.S TIN is blank)*

a Type [ ] [ ]

b Number [ ]

c Country/Region of issue [ ]

5 Individual's Date of Birth Month [ ] Day [ ] Year [ ]

* 6 Last name or organization's name [ ]

7 First name [ ]

8 Middle name [ ]

8a Suffix [ ]

9 Address [ ]

10 City [ ]

11 State [ ] *(Select Country/Region before selecting state)*

12 ZIP/postal code [ ]

* 13 Country/Region [ ]

* 14a Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes Enter number of accounts [ ] **If "Yes" is checked do not complete Part II or Part III, but retain records of this information**

☐ No

* 14b Does the filer have signature authority over but no financial interest in 25 or more financial accounts?

☐ Yes Enter number of accounts [ ] **If "Yes" is checked Complete Part IV items 34 through 43 for each person on whose behalf the filer has signature authority.**

☐ No

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Part II Information on Financial Account(s) Owned Separately 1 of 1

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value

15a Maximum account value unknown ☐

*16 Type of account

*17 Financial institution name

*18 Account number or other designation

19 Address

20 City

21 State

22 Foreign postal code

*23 Country/ Region

Part III Information on Financial Account(s) Owned Jointly 1 of 1

Account Information

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value

15a Maximum account value unknown ☐

*16 Type of account

*17 Financial institution name

*18 Account number or other designation

19 Address

20 City

21 State

22 Foreign postal code

*23 Country/ Region

*24 Number of joint owners

Principal Joint Owner Information

Check ☐ if entity

25 Taxpayer Identification Number (TIN)

25 a TIN type

26 Last name or organization name

27 First name

28 Middle name

28a Suffix

29 Address

30 City

31 State

33 Country/

32 ZIP/postal code

Region

Part IV Information on Financial Account(s) Where Filer has Signature or Other Authority but No financial Interest in the Account(s)

1 of 1

Account Information

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value

15a Maximum account value unknown ☐

*16 Type of account

*17 Financial institution name

*18 Account number or other designation

19 Address

20 City

21 State

22 Foreign postal code

*23 Country/ Region

Owner Information

Check ☐ if entity

34 Last name or organization name

35 Taxpayer Identification Number (TIN)

35 a TIN type

36 First name

37 Middle name

37a Suffix

38 Address

39 City

40 State/territory/province

41 ZIP/postal code

42 Country/Region

43 Filer's title with this owner

Part V Information on Financial Account(s) Where Filer is Filing a Consolidated Report

1 of 1

Account Information

Fields marked with an asterisk (*) are required if an account is recorded in this section

*15 Maximum account value

15a Maximum account value unknown ☐

*16 Type of account

*17 Financial institution name

18 Account number or other designation

19 Address

20 City | 21 State

22 Foreign postal code | *23 Country/ Region

Owner Information

34 Organization name

35 Taxpayer Identification Number (TIN) | 35 a TIN type

38 Address

39 City

40 State/territory/province

41 ZIP/postal code

42 Country/Region

Signature 44a Check here ☐ if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature — **Please return to the Home tab to sign the report.**

45 Filer title

46 Date of signature (Date of signature will be auto-populated when the report is signed.)

Third Party Preparer Use Only *Fields marked with an asterisk (*) are required if item 44a is checked above*

*47 Preparer's last name

*48 First name

49 Middle name/initial

50 Check ☐ if self employed

*51 Preparer's TIN | *51a TIN type

52 Contact phone number | 52a Extension

*53 Firm's name

*54 Firm's TIN | *54a TIN type

55 Address

56 City

*57 State

*58 ZIP/postal code

*59 Country/Region

--No more pages--